

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 022 ****61.25

DOCUMENT # N49442

1. Entity Name
BETHUNE BEACH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**6600 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US**

Mailing Address
**PO BOX 1704
NEW SMYRNA BEACH, FL 32170 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARCHIMBAUD, JAMES
1215 COMMODORE DR
NEW SMYRNA BEACH, FL 32168**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **ROWAN, WENDY**
STREET ADDRESS **6395 ENGRAM**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VP AL LUCIGNANI** ☐ Change ☒ Addition
NAME **6976 TURTLE MOUND**
STREET ADDRESS **NEW SMYRNA BEACH, FL 32169**
CITY-ST-ZIP

TITLE **RD** ☐ Delete
NAME **RIEDEL, ROASLIE**
STREET ADDRESS **6442 ENGRAM**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 321692751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **REICHERT, PAUL E**
STREET ADDRESS **891 SNOOK AVE**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ARCHIMBAUD, JAMES**
STREET ADDRESS **1215 COMMODORE DR**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **GERWE, KARL**
STREET ADDRESS **6960 TURTLE WOUND**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **CURRY, WILLIAM**
STREET ADDRESS **7126 S ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **PD BOB GRANSTROM** ☐ Change ☒ Addition
NAME **6941 SOUTH ATLANTIC AVE**
STREET ADDRESS **NEW SMYRNA BEACH, FL 32169**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E. Reichert

PAUL E. REICHERT

3/6/07

386-424-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #